## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10629692

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                           |                                 |                                |              |                  |          | SMALL ENTITY TYPE   |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|--------------------------------|--------------|------------------|----------|---------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                           | 5                               |                                |              |                  |          | RATE                | FEE                    | 1  | RATE                       | FEE                    |  |
| FO                                                                                                                                                                                                                                                                                                                                                                                                         | PR                                                                                   |                                           | NUMBER FILED                    |                                | NUMB         | ER EXTRA         |          | BASIC FEE           | 375.00                 | OR | BASIC FEE                  | 750.00                 |  |
| то                                                                                                                                                                                                                                                                                                                                                                                                         | TAL CHARGEA                                                                          | BLE CLAIMS                                | 5 minus 20=                     |                                | *            | d                |          | X\$ 9=              | -                      | OR | X\$18=                     |                        |  |
| IND                                                                                                                                                                                                                                                                                                                                                                                                        | EPENDENT CL                                                                          | AIMS                                      | 2 mi                            | nus 3 =                        | *            | \$               |          | X42=                | _                      | OR | X84=                       |                        |  |
| MU                                                                                                                                                                                                                                                                                                                                                                                                         | ILTIPLE DEPEN                                                                        | DENT CLAIM PI                             | RESENT                          |                                |              |                  |          | +140=               |                        | OR | +280=                      |                        |  |
| * If                                                                                                                                                                                                                                                                                                                                                                                                       | the difference                                                                       | in column 1 is                            | less than zero, enter "0" in co |                                |              | column 2         |          | TOTAL               | 375                    | OR | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART I                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                           |                                 |                                |              |                  |          |                     |                        |    | OTHER                      | THAN                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | The beautiful Hardware and the                                                       | (Column 1)<br>CLAIMS                      | PRINTED SERVICES IS             | (Colur                         |              | (Column 3)       |          | SMALL               | ENTITY                 | OR | SMALL                      | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | REMAINING<br>AFTER<br>AMENDMENT           |                                 | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                                                                | *                                         | Minus                           | **                             |              | =                | Ì        | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                                                          | *                                         | Minus                           | ***                            |              | =                |          | X42=                |                        | OR | X84=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                          | NTATION OF MI                             | JLTIPLE DEF                     | PENDENT                        | CLAIM        |                  |          | +140=               |                        | OR | +280=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                           |                                 |                                |              |                  | L.       | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                                             |                                           |                                 |                                |              |                  |          |                     |                        |    |                            |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                                                                | *                                         | Minus                           | **                             |              | =                |          | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                                                          | *                                         | Minus                           | ***                            | CLAINA       | =                |          | X42=                |                        | OR | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                           |                                 |                                |              |                  |          | +140=               |                        | OR | +280=                      |                        |  |
| TOTAL<br>ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                           |                                 |                                |              |                  |          |                     |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                           |                                 |                                |              |                  |          |                     |                        |    |                            |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                                                                | *                                         | Minus                           | **                             |              | =                |          | X\$ 9=              |                        | OR | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                                                          | *                                         | Minus                           | ***                            |              | =                | <b> </b> | X42=                |                        |    | X84=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                          |                                           | ] <b> </b>                      | 742-                           |              | OR               | A04=     |                     |                        |    |                            |                        |  |
| *                                                                                                                                                                                                                                                                                                                                                                                                          | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |                                           |                                 |                                |              |                  |          |                     |                        | OR | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                      |                                           |                                 |                                |              |                  |          |                     |                        |    |                            |                        |  |